

EXHIBIT

B-1

U.S. Department of Homeland Security
Bureau of Citizenship and Immigration ServicesU.S. Department of Justice
Executive Office for Immigration Review

OMB No. 1615-0067; Expires 9/30/03

Application for Asylum and for Withholding of Removal

Start Here - Please Type or Print. USE BLACK INK. SEE THE SEPARATE INSTRUCTION PAMPHLET FOR INFORMATION ABOUT ELIGIBILITY AND HOW TO COMPLETE AND FILE THIS APPLICATION. (Note: There is NO filing fee for this application.)

Please check the box if you also want to apply for withholding of removal under the Convention Against Torture. ☒

PART A. I. INFORMATION ABOUT YOU

1. Alien Registration Number(s) (A/R's) (If any) 91182333		2. Social Security No. (If any) 590-05-4184	
3. Complete Last Name Blacini		5. Middle Name Beatriz	
4. First Name Ana			
6. What other names have you used? (Include maiden name and aliases.) Ana Jaramillo Racines-Jaramillo de Rivera Ana			
7. Residence in the U.S. C/O Hernan Jaramillo		Telephone Number (510) 233-4957	
Street Number and Name 669 37th Street		Apt. No. N/A	
City Richmond	State California	ZIP Code 94805	
8. Mailing Address in the U.S., if other than above FCI Dublin		Telephone Number N/A	
Street Number and Name 5701 8th Street, Camp Parks		Apt. No. N/A	
City Dublin	State California	ZIP Code 94568	
9. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		10. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
11. Date of Birth (Mo/Day/Yr) 06/30/1954		12. City and Country of Birth Valle de Cauca, Cali Colombia	
13. Present Nationality (Citizenship) Colombian ID#31271796		14. Nationality at Birth Colombian	15. Race, Ethnic or Tribal Group White-Spanish
16. Religion Catholic			
17. Check the box, a through c that applies: a. <input type="checkbox"/> I have never been in immigration court proceedings. b. <input checked="" type="checkbox"/> I am now in immigration court proceedings. c. <input type="checkbox"/> I am not now in immigration court proceedings, but I have been in the past.			
18. Complete 18 a through c. a. When did you last leave your country? (Mo/Day/Yr) 02/11/1981 b. What is your current I-94 Number, if any? 7371324			
c. Please list each entry to the U.S. beginning with your most recent entry. List date (Mo/Day/Yr), place, and your status for each entry. (Attach additional sheets as needed.)			
Date 02/22/1992	Place Miami, Florida	Status Perm.Res	Date Status Expires Unknown
Date 09/10/1991	Place Miami, Florida	Status Perm.Res	
Date 01/31/1990	Place Miami, Florida	Status Perm.Res	
Date 02/11/1981	Place Miami, Florida	Status B-2	
19. What country issued your last passport or travel document? USA-Colombian Consulate		20. Passport # 009523 Travel Document # Unknown/None	
21. Expiration Date (Mo/Day/Yr) Expired*			
22. What is your native language? Spanish		23. Are you fluent in English? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		24. What other languages do you speak fluently? None	
FOR EOIR USE ONLY		FOR DCIS USE	
Action: Interview Date: _____			
Decision: — Approval Date: _____			
— Denial Date: _____			
— Referral Date: _____			
Asylum Officer ID# _____			

* Date Unknown, Passport is in FBI possession

Form I-589 (Rev. 07/03/03)Y

PART A. II. INFORMATION ABOUT YOUR SPOUSE AND CHILDREN**Your Spouse.** ☒ I am not married. (Skip to **Your Children**, below.)

1. Alien Registration Number (A#) (If any)	2. Passport/ID Card No. (If any)	3. Date of Birth (Mo/Day/Yr)	4. Social Security No. (If any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Maiden Name
9. Date of Marriage (Mo/Day/Yr)	10. Place of Marriage	11. City and Country of Birth	
12. Nationality (Citizenship)	13. Race, Ethnic or Tribal Group	14. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
15. Is this person in the U.S.? <input type="checkbox"/> Yes (Complete blocks 16 to 24.) <input type="checkbox"/> No (Specify location)			
16. Place of last entry in the U.S.?	17. Date of last entry in the U.S. (Mo/Day/Yr)	18. I-94 No. (If any)	19. Status when last admitted (Visa type, if any)
20. What is your spouse's current status?	21. What is the expiration date of his/her authorized stay, if any? (Mo/Day/Yr)	22. Is your spouse in immigration court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	23. If previously in the U.S., date of previous arrival (Mo/Day/Yr)
24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one (1) photograph of your spouse in the upper right hand corner of page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

Your Children. Please list ALL of your children, regardless of age, location, or marital status.☐ I do not have any children. (Skip to Part A. III., Information about Your Background.)☒ I do have children. Total number of children 1

(Use Supplement A Form I-589 or attach additional pages and documentation if you have more than four (4) children.)

1. Alien Registration Number (A#) (If any) None	2. Passport/ID Card No. (If any) 052501553	3. Marital Status (Married, Single, Divorced, Widowed) Single	4. Social Security No. (If any) 603-74-6985
5. Complete Last Name Biocini	6. First Name Peter	7. Middle Name Alexander	8. Date of Birth (Mo/Day/Yr) 06/14/1988
9. City and Country of Birth Greenbrae, CA, USA	10. Nationality (Citizenship) United States Citizen	11. Race, Ethnic or Tribal Group White	12. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input checked="" type="checkbox"/> Yes (Complete blocks 14 to 21.) <input type="checkbox"/> No (Specify Location)			
14. Place of last entry in the U.S. Miami	15. Date of last entry in the U.S. (Mo/Day/Yr) Feb. 1992	16. I-94 No. (If any) N/A	17. Status when last admitted (Visa type, if any) United States Citizen
18. What is your child's current status? United States Citizen	19. What is the expiration date of his/her authorized stay, if any? (Mo/Day/Yr) N/A	20. Is your child in immigration court proceedings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one (1) photograph of your child in the upper right hand corner of page 9 on the extra copy of the application submitted for this person.) <input checked="" type="checkbox"/> No			

PART A. II. INFORMATION ABOUT YOUR SPOUSE AND CHILDREN Continued

1. Alien Registration Number (A#) (If any)	2. Passport/ID Card No. (If any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. Social Security No. (If any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (Mo/Day/Yr)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic or Tribal Group	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete blocks 14 to 21.) <input type="checkbox"/> No (Specify Location)			
14. Place of last entry in the U.S.?	15. Date of last entry in the U.S. (Mo/Day/Yr)	16. I-94 No. (If any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (Mo/Day/Yr)	20. Is your child in immigration court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one (1) photograph of your child in the upper right hand corner of page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

1. Alien Registration Number (A#) (If any)	2. Passport/ID Card No. (If any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. Social Security No. (If any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (Mo/Day/Yr)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic or Tribal Group	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete blocks 14 to 21.) <input type="checkbox"/> No (Specify Location)			
14. Place of last entry in the U.S.?	15. Date of last entry in the U.S. (Mo/Day/Yr)	16. I-94 No. (If any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (Mo/Day/Yr)	20. Is your child in immigration court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one (1) photograph of your child in the upper right hand corner of page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

1. Alien Registration Number (A#) (If any)	2. Passport/ID Card No. (If any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. Social Security No. (If any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (Mo/Day/Yr)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic or Tribal Group	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete blocks 14 to 21.) <input type="checkbox"/> No (Specify Location)			
14. Place of last entry in the U.S.?	15. Date of last entry in the U.S. (Mo/Day/Yr)	16. I-94 No. (If any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (Mo/Day/Yr)	20. Is your child in immigration court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one (1) photograph of your child in the upper right hand corner of page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

PART A. III. INFORMATION ABOUT YOUR BACKGROUND

1. Please list your last address where you lived before coming to the U.S. If this is not the country where you fear persecution, also list the last address in the country where you fear persecution. (List Address, City/Town, Department, Province, or State, and Country.) (Use Supplement B Form I-589 or additional sheets of paper if necessary.)

Number and Street (Provide if available)	City/Town	Department, Province or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)
Avenida 5R #22N-40	Cali	Valle	Columbia	Unknown	02/11/1981

2. Provide the following information about your residences during the last five years. List your present address first. (Use Supplement Form B or additional sheets of paper if necessary.)

Number and Street	City/Town	Department, Province or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)
5701 8th St., Camp Parks	Dublin	California	USA	01/16/04	Present
19250 Cayenne Drive	Morgan Hill	California	USA	11/2003	01/16/04
100 N Whisman Rd #3114	Mountain	California	USA	07/2002	11/ 2003
1161 Hudson Street	Redwood City	California	USA	1998	06/ 2002
810 Redwood Avenue	Redwood	California	USA	05/1995	1998

3. Provide the following information about your education, beginning with the most recent. (Use Supplement B Form I-589 or additional sheets of paper if necessary.)

Name of School	Type of School	Location (Address)	Attended	
			From (Mo/Yr)	To (Mo/Yr)
GED	Inmate Program	5701 8th St., Camp Parks Dublin, CA 94568	04/01/04	10/10/04
Canada	College/Accounting	Redwood City	01/10/99	01/10/01
Regional Occupation Prog.	Vocational Education	Redwood City	01/1997	11/1992
Please See Resume	Please See Resume	Please See Resume		

4. Provide the following information about your employment during the last five years. List your present employment first. (Use Supplement Form B or additional sheets of paper if necessary.)

Name and Address of Employer	Your Occupation	Dates	
		From (Mo/Yr)	To (Mo/Yr)
FCI Dublin 5701 8th St., Camp Parks Dublin, CA 94568	Inmate labor		Present
Psychology Pacific Graduate School	Accounts Payable	09/2003	12/2003
School	Silicon Artist		2002
Account Temps	Accounts Payable	1997	2001
Kolweiss Auto Parts	Customer Service	1995	1997

5. Provide the following information about your parents and siblings (brother and sisters). Check box if the person is deceased. (Use Supplement B Form I-589 or additional sheets of paper if necessary.)

Name	City/Town and Country of Birth	Current Location
Mother Stella Racines	Manizales Colombia	<input checked="" type="checkbox"/> Deceased
Father Alberto Jaramillo	Manizales Colombia	<input checked="" type="checkbox"/> Deceased
Siblings Rafael Jaramillo	Cali Colombia	<input type="checkbox"/> Deceased Bogota Colombia
Clara Jaramillo	Cali Colombia	<input checked="" type="checkbox"/> Deceased

Please see Attached Resume of Ana Blocini;
Please see Supplement B, Form I-589

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PART B. INFORMATION ABOUT YOUR APPLICATION

(Use Supplement B Form I-589 or attach additional sheets of paper as needed to complete your responses to the questions contained in PART B.)

When answering the following questions about your asylum or other protection claim (withholding of removal under 241(b)(3) of the Act or withholding of removal under the Convention Against Torture) you should provide a detailed and specific account of the basis of your claim to asylum or other protection. To the best of your ability, provide specific dates, places, and descriptions about each event or action described. You should attach documents evidencing the general conditions in the country from which you are seeking asylum or other protection and the specific facts on which you are relying to support your claim. If this documentation is unavailable or you are not providing this documentation with your application, please explain why in your responses to the following questions. Refer to Instructions, Part I: Filing Instructions, Section II, "Basis of Eligibility," Parts A - D, Section V, "Completing the Form," Part B, and Section VII, "Additional Documents that You Should Submit" for more information on completing this section of the form.

1. Why are you applying for asylum or withholding of removal under section 241(b)(3) of the Act, or for withholding of removal under the Convention Against Torture? Check the appropriate box (es) below and then provide detailed answers to questions A and B below:

I am seeking asylum or withholding of removal based on

- ☐ Race
- ☐ Religion
- ☐ Nationality
- ☐ Political opinion
- ☐ Membership in a particular social group
- ☒ Torture Convention

- A. Have you, your family, or close friends or colleagues ever experienced harm or mistreatment or threats in the past by anyone?

☐ No ☒ Yes If your answer is "Yes," explain in detail:

- 1) What happened; Hernando Velazco was murdered
- 2) When the harm or mistreatment or threats occurred; July, 2004
- 3) Who caused the harm or mistreatment or threats; and Colombian drug cartel
- 4) Why you believe the harm or mistreatment or threats occurred. Hernandez Velazco was an informant in my case

- B. Do you fear harm or mistreatment if you return to your home country?

☐ No ☒ Yes If your answer is "Yes," explain in detail:

- 1) What harm or mistreatment you fear; Death
- 2) Who you believe would harm or mistreat you; and Colombian Drug Cartel
- 3) Why you believe you would or could be harmed or mistreated. I debriefed to the United States government against the Colombian drug cartel. The information I provided included information about Velazco and his associates and the operation of the Colombian drug cartel.

PART B. INFORMATION ABOUT YOUR APPLICATION *Continued*

2. Have you or your family members ever been accused, charged, arrested, detained, interrogated, convicted and sentenced, or imprisoned in any country other than the United States?

☒ No ☐ Yes If "Yes," explain the circumstances and reasons for the action.

3. A. Have you or your family members ever belonged to or been associated with any organizations or groups in your home country, such as, but not limited to, a political party, student group, labor union, religious organization, military or paramilitary group, civil patrol, guerrilla organization, ethnic group, human rights group, or the press or media?

☐ No ☒ Yes If "Yes," describe for each person the level of participation, any leadership or other positions held, and the length of time you or your family members were involved in each organization or activity.

My Uncle, Octavio Jaramillo assisted political parties in obtaining campaign donations.

- B. Do you or your family members continue to participate in any way in these organizations or groups?

☐ No ☐ Yes If "Yes," describe for each person, your or your family members' current level of participation, any leadership or other positions currently held, and the length of time you or your family members have been involved in each organization or group.

I do not know if my Uncle continues to participate.

4. Are you afraid of being subjected to torture in your home country or any other country to which you may be returned?

☐ No ☒ Yes If "Yes," explain why you are afraid and describe the nature of the torture you fear, by whom, and why it would be inflicted.

I fear that the Colombian drug cartel and/or members of Colombian organized crime will murder me because of the substantial assistance I provided to the Government of the United States.

PART C. ADDITIONAL INFORMATION ABOUT YOUR APPLICATION

(Use Supplement B Form I-589 or attach additional sheets of paper as needed to complete your responses to the questions contained in Part C.)

1. Have you, your spouse, your child(ren), your parents, or your siblings ever applied to the United States Government for refugee status, asylum, or withholding of removal? ☒ No ☐ Yes
 If "Yes" explain the decision and what happened to any status you, your spouse, your child(ren), your parents, or your siblings received as a result of that decision. Please indicate whether or not you were included in a parent or spouse's application. If so, please include your parent or spouse's A- number in your response. If you have been denied asylum by an Immigration Judge or the Board of Immigration Appeals, please describe any change(s) in conditions in your country or your own personal circumstances since the date of the denial that may affect your eligibility for asylum.

2. A. After leaving the country from which you are claiming asylum, did you or your spouse or child(ren), who are now in the United States, travel through or reside in any other country before entering the United States? ☒ No ☐ Yes
 B. Have you, your spouse, your child(ren), or other family members such as your parents or siblings ever applied for or received any lawful status in any country other than the one from which you are now claiming asylum? ☒ No ☐ Yes
 If "Yes" to either or both questions (2A and/or 2B), provide for each person the following: the name of each country and the length of stay; the person's status while there; the reasons for leaving; whether the person is entitled to return for lawful residence purposes; and whether the person applied for refugee status or for asylum while there, and, if not, why he or she did not do so.

3. Have you, your spouse, or child(ren) ever ordered, incited, assisted, or otherwise participated in causing harm or suffering to any person because of his or her race, religion, nationality, membership in a particular social group or belief in a particular political opinion?
☒ No ☐ Yes If "Yes," describe in detail each such incident and your own or your spouse's or child(ren)'s involvement.

PART C. ADDITIONAL INFORMATION ABOUT YOUR APPLICATION *Continued*

4. After you left the country where you were harmed or fear harm, did you return to that country?

☒ No ☐ Yes If "Yes," describe in detail the circumstances of your visit (for example, the date(s) of the trip(s), the purpose(s) of the trip(s), and the length of time you remained in that country for the visit(s)).

5. Are you filing the application more than one year after your last arrival in the United States?

☐ No ☒ Yes If "Yes," explain why you did not file within the first year after you arrived. You should be prepared to explain at your interview or hearing why you did not file your asylum application within the first year after you arrived. For guidance in answering this question, see Instructions, Part I: Filing Instructions, Section V. "Completing the Form," Part C.

I applied for, and was granted, an extension of temporary stay. During that time I became an informant for the United States Government.

6. Have you or any member of your family included in the application ever committed any crime and/or been arrested, charged, convicted and sentenced for any crimes in the United States?

☐ No ☒ Yes If "Yes," for each instance, specify in your response what occurred and the circumstances; dates; length of sentence received; location; the duration of the detention or imprisonment; the reason(s) for the detention or conviction; any formal charges that were lodged against you or your relatives included in your application; the reason(s) for release. Attach documents referring to these incidents, if they are available, or an explanation of why documents are not available.

1992 Brother Hernan Jaramillo received 7 months sentence in State Drug Case;
1995 I was indicted by the federal government; I pleaded guilty in 1998; I was sentenced April 28,
2003 and subsequently self surrendered to the Federal Bureau of Prisons in 2004

PART D. YOUR SIGNATURE

After reading the information regarding penalties in the instructions, complete and sign below. If someone helped you prepare this application, he or she must complete Part E.

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. Title 18, United States Code, Section 1546, provides in part: "Whoever knowingly makes under oath, or as permitted under penalty of perjury under Section 1746 of Title 28, United States Code, knowingly subscribes as true, any false statement with respect to a material fact in any application, affidavit, or knowingly presents any such application, affidavit, or other documents required by the immigration laws or regulations prescribed thereunder, or knowingly presents any such application, affidavit, or other document containing any such false statement or which fails to contain any reasonable basis in law or fact - shall be fined in accordance with this title or imprisoned not more than five years, or both." I authorize the release of any information from my record which the Bureau of Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.



WARNING: Applicants who are in the United States illegally are subject to removal if their asylum or withholding claims are not granted by an Asylum Officer or an Immigration Judge. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, removal proceedings even if the application is later withdrawn. Applicants determined to have knowingly made a frivolous application for asylum will be permanently ineligible for any benefits under the Immigration and Nationality Act. See 2006(3)(6) of the Act and 8 CFR 208.28.

Print Complete Name: Ana Beatriz Blacini	Write your name in your native alphabet
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Did your spouse, parent, or child(ren) assist you in completing this application? ☒ No ☐ Yes (If "Yes," list the name and relationship.)

Did someone other than your spouse, parent, or child(ren) prepare this application? ☐ No ☒ Yes (If "Yes," complete Part E)

Asylum applicants may be represented by counsel. Have you been provided with a list of persons who may be available to assist you, at little or no cost, with your asylum claim? ☐ No ☒ Yes

Signature of Applicant (The person in Part A.1.)

Ana B. Blacini

Sign your name so it all appears within the brackets

5-16-2005

Date (Mo/Da/Tr)

PART E. DECLARATION OF PERSON PREPARING FORM IF OTHER THAN APPLICANT, SPOUSE, PARENT OR CHILD

I declare that I have prepared this application at the request of the person named in Part D, that the responses provided are based on all information of which I have knowledge, or which was provided to me by the applicant and that the completed application was read to the applicant in his or her native language or a language he or she understands for verification before he or she signed the application in my presence. I am aware that the knowing placement of false information on the Form I-589 may also subject me to civil penalties under 8 U.S.C. 1324(c).

Signature of Preparer	Print Complete Name: Edward W. Blum
Daytime Telephone Number (602) 264-2904	Address of Preparer, Street Number and Name: P.O. Box 45469
App. No. N/A	City: Phoenix State: AZ ZIP Code: 85064

PART F. TO BE COMPLETED AT INTERVIEW OR HEARING

You will be asked to complete this Part when you appear before an Asylum Officer of the U.S. Department of Homeland Security, Bureau of Citizenship and Immigration Services (BCIS), or an Immigration Judge of the U.S. Department of Justice, Executive Office for Immigration Review (EOIR) for examination.

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are all true to the best of my knowledge taking into account correction(s) numbered _____ to _____ that were made by me or at my request.

Signed and sworn to before me by the above named applicant on:

Signature of Applicant _____ Date (Mo/Da/Tr) _____

Write Your Name in Your Native Alphabet _____ Signature of Asylum Officer or Immigration Judge _____

SUPPLEMENT B FORM I-589

ADDITIONAL INFORMATION ABOUT YOUR CLAIM TO ASYLUM

A # (if available)	A91182333	Date	
Applicant's Name	Ana Beatriz Biocini	Applicant's Signature	

Use this as a continuation page for any information requested. Please copy and complete as needed.

PART A. III.QUESTION 5

Name	Place of Birth	Current Location
Patricia Kloockhom	Cali Colombia	Cali Columbia
Clemencia Jaramillo	Cali Colombia	Unknown
Plego Jaramillo	Cali Colombia	Cali Colombia
Hernan Jaramillo	Cali Colombia	United States
Felipe Jaramillo	Cali Colombia	Cali Colombia

LIST OF ATTACHMENTS AND EXHIBITS

RESUME OF ANA BIOCINI

- EXHIBIT "A"** Copy of Social Security Card and Driver License
- EXHIBIT "B"** Copies of Passport Documentation
- EXHIBIT "C"** Copy of Application to Extend Time of Temporary Stay
- EXHIBIT "D"** Copy of Peter Biocini Certificate of Birth
- EXHIBIT "E"** Copy of Peter Biocini Passport Information
- EXHIBIT "F"** Copies of Psychiatric Evaluations of Peter Biocini
- EXHIBIT "G"** Copy of Ana Biocini GED Certificate
- EXHIBIT "H"** Copies of Achievement Awards for Ana Biocini
- EXHIBIT "I"** Copy of Judgment and Commitment Order in Criminal Case
#CR-95- 0181-01(Ana Beatriz Biocini)
- EXHIBIT "J"** Copy of Bureau of Prisons Computation Data
- EXHIBIT "K"** Copy of Stipulation and order re Modification of Release
Conditions
- EXHIBIT "L"** Copy of Order Extending Self Surrender Date
- EXHIBIT "M"** Copies of Correspondence between Assistant United States
Attorney and Defense Counsel re potential danger to Ana
Biocini due to her governmental assistance
- EXHIBIT "N"** Copies of Transcripts evidencing; Ana Biocini's substantial
assistance; potential danger to her and her family; Court's
determination that she is not a threat or danger to society;
Court's statement that "...in light of her cooperation...no one
is going to press the issue of her deportation"
- EXHIBIT "O"** Copy of Judgment and Commitment Order in Criminal Case
#95-769-CR-GRAHAM(01)(Salomon Hernandez Valsco-Alhey)
- EXHIBIT "P"** News Article re murder of Salomon Hernandez Valsco-Alhey in
Cali Colombia

RESUME OF ANA BIOCINI

Ana B Biocini
abetyria2003@yahoo.com

OBJECTIVE To obtain a challenging Accounting position in a team oriented environment with an opportunity for career growth and advancement.

WORK EXPERIENCE

9/03 to 12/03 **Pacific Graduate School of Psychology, Palo Alto**
Accounts payable Junior Accountant

- Full Cycle A/P, Assigned PO's #s for Purchase orders, routes invoices for approval, Match documents for processing Posted Vendor Invoices using ACCPAC software system, code transactions to appropriate G/L accounts. Print out check in a daily basis, Process Monthly check runs for critical Vendors, allocating Insurance expenses in Excel. Generate financial statements, process & post check request for employee expenses, assist with other projects as assigned
- Processing Amortization schedule for leases accounts, Input TIAA cred data into TIAA Internet web-site homepage, Doc filing

3/97 - 10/01 **Accountemps/ Accounts Payable, Accountant**

- Working for Accountemps as a contract employee gave me an opportunity to work for few companies in the Silicon Valley. I was able to gain a broad accounting experience where I applied my accounting skills with many different accounting software applications. Below are some of the companies I worked for.

Accountemps/ SAP MARKETS, Palo Alto

- Full Cycle A/P. Posting vendors invoices using SAP Software through workflow process, check run
- Reconciled Vendors existing accounts- Processing employee expense reports and reconciling America Express travel activities
- Assisting month accruals and month-end closing

Accountemps/ MICROCHIPS, MT View

- Full cycle A/P matched coded and voucher vendor invoices for all company expenses, using INFO system database Software
- Verified accuracy of purchase orders and invoice
- Reconciled AP Reports weekly, generated month-end statements
- Perform Bi-weekly check run and assisted month-end accruals and month-end closing.
- Logged daily A/P transactions onto spreadsheet log (Excel)

Accountemps/ PACIFIC GATEWAY EXCHANGE, Burlingame

- Perform a full range of invoices and voucher examination functions for European subsidiaries
- Calculate appropriated conversion rates and payments
- Utilized Great Plains Dynamics for recording Accounts Payable activities and preparing related A/P aging and Financial reports
- Prepared complex reconciliation's of vendors accounts

Accountemps /EDER MARKETING GROUP, MT View

- Resolved Vendor inquiries about outstanding invoices and processed payments as required
- Posted vendor invoices using AST Database software - Reconcile vendor Accounts - Perform weekly check run

Romac International, Inc / CONSULTING PSYCHOLOGIST PRESS, Palo Alto

- Reconciled accounts receivable and performed collections of past due accounts
- Processed credit card sales using a modular electronic terminal, and obtained approval directly from the bank
- Posted daily sales transactions in "Lawson Insight" software Reconcile daily receivables activity

EDUCATION

Real Estate Principles Foothill College

Fundamental Principles, Economics Law, working concepts forms and terminology. Processing loans/ closing cost using Point software.

Integrated Circuit Mask Design course-----Silicon Artists-----Certificate

02/02 - 09/02

Experience working in Cadence Virtuoso tool, CMOS mixed signal layout experience such as PLL and Standard cell. Layout verification Process such as DRC, LRC and LVS.

Computerized Accounting-----Canada College----- Certificate

01/97 - 11/99

- Web Design -----Canada College 01/01 - 03/01
- Networking Essentials-----Canada College 01/01 - 03/01
- Stock and Bond Investment-----Canada College 09/00 - 12/00
- Computerized Accounting-----Canada College 01/00 - 05/00
- Fashion Industry Marketing-----Canada College 01/00 - 05/00
- Payroll and Business taxes-----Canada College 08/00 - 10/99
- Computerized Accounting-----"ROP" Certificate 01/97 - 11/97

COMPUTER SKILLS SOFTWARE SKILLS

IBM PC and Macintosh, MSWord, Excel, 10 - Key by touch, Windows, Unix

Solomon IV, Quick Books, Great Plains, People Soft, MYOB, AST Database, Peachtree, Lawson Insight, SAP, Accpac, Cadence, Point R Estate Software to process closing cost, Win12

EXHIBIT A

000337

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 06-30-08

A3245540

CLASS: C



ANN BEATRIZ BISCINI
100 N WHITMAN RD 3314
MOUNTAIN VIEW CA 94043



SEX: F HAIR: BRN
HT: 5-04 WT: 150

DOB: 05-30-54

Ann Biscini
20080102 12:12:10

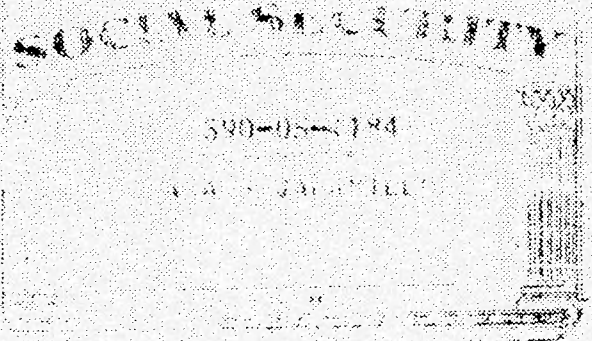


EXHIBIT B

000339

Nombre Name: ANA BEATRIZ RAMIREZ	
Fecha de nacimiento Date of birth: JUNIO 15 1954	Esposa Wife: NO
Lugar Place: CALI	
Talla Height: 1.68 Ojos AZULES Color of eyes	Figura Complexion
Forma Shape: RECTA Boca MEDIANA Mouth	
Cabellos Color of hair: CASTAÑO Frente VERTICAL Forehead	
Color Complexion: OLIVA Estado Civil SOLTERA Civil Status	
Cédula Identity Card: 4271269 CALI	
Profesión Profession: ESTUDIANTE	
Firma Signature and Seal: 	



441381 **Y**
525

U.S. DEPARTMENT OF STATE
No 005182
THE UNITED STATES OF AMERICA
VISA
CLASS OF VISA
DATE
AUG 27 1980
FOR
107E
APPLICANT'S SIGNATURE
APPELLO
321

ROY J. APEL
Consul

the United States of America
Toda alteracion en este pasaporte implicara su invalidez.
Any alteration to this passport will render it invalid.

CANCELLED

COLOMBIA
INMIGRACION
101 FEB 1981
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INMIGRACION

EXHIBIT I

U.S. IMMIGRATION
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ADMITTED
1951

CANCELLED No. 002721

No. 002721

THE UNITED STATES
OF AMERICA
NON-IMMIGRANT VISA

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1361 Kt' 03

MULTIPLE

30 June 1988

Letter to Aug
Troy to Troy



CLYDE L. JOHNS
Vice Consul of the

Toda alteracion en este pasaporte implica su invalidez.
Any alteration to this passport will render it invalid.

Toda alteracion en este pasaporte implica su invalidez.
Any alteration to this passport will render it invalid.

IMPORTANT
IMPORTANT

Este pasaporte no es valido sin la firma del titular
This passport is not valid unless signed by the bearer

Nombre
Name

ANA BEATRIZ JARAMA

Dirección
Address

CIENTO SESENTA Y NUEVE - 159
NUEVO PASAPORTE

Cuando este pasaporte caduque definitivamente o cuando sus hojas hayan sido utilizadas en su totalidad, el titular del mismo puede solicitar uno nuevo, para lo cual debe presentar el documento a la entidad expedidora competente. En caso de pérdida es indispensable presentar una copia de la denuncia que haya sido presentada ante la autoridad correspondiente.

Léanse otras informaciones en la contraportada de este pasaporte.

NEW PASSPORT

On the expiry of this passport or when there is no further space for visas the bearer can request a replacement by applying to the competent issuing authority with the old passport. In the event of loss a copy of the certificate registering such loss with the relevant authorities must be presented.

Please read the additional notes at the back of this passport.

REPUBLICA DE COLOMBIA
MINISTERIO DE RELACIONES EXTERIORES
MINISTRY OF FOREIGN AFFAIRS
PASAPORTE
PASSPORT
36 páginas
T 00953

El Gobierno de Colombia solicita a las autoridades nacionales y extranjeras dar al titular del presente pasaporte, las facilidades para su normal movilización, y bríndarle, en caso de necesidad, la ayuda y cooperación que puedan serle útiles.

The Government of Colombia requests all national and foreign authorities to allow the bearer of this passport to move freely and in case of need to afford such help and assistance as may be necessary.

Expedido en CALI - VALLE

El 12 DE ABRIL

Valido hasta

VALIDEZ Y REVALIDACIONES

Este pasaporte es valido, indistintamente, para viajar a los países de América Latina y el Caribe (ALC) y a los países de Asia y el Pacífico (ASP) que no estén en el listado de países no recomendados por el Departamento de Estado de los Estados Unidos.

El SERENAPU E-GOBIERNO

REVALIDACIONES RENEWALS		REVALIDACIONES RENEWALS	
VALIDO HASTA VALID UNTIL <i>12 April 1982</i>	FECHA DE LA REVALIDACION DATE OF RENEWAL <i>27 MAYO 1980</i>	VALIDO HASTA VALID UNTIL <i>12 April 1980</i>	FECHA DE LA REVALIDACION DATE OF RENEWAL <i>06 JUN. 1983</i>
<p>FECHA DE LA REVALIDACION DATE OF RENEWAL</p> <p>VALIDO HASTA VALID UNTIL</p> <p>FECHA DE LA REVALIDACION DATE OF RENEWAL</p> <p>VALIDO HASTA VALID UNTIL</p>		<p>FECHA DE LA REVALIDACION DATE OF RENEWAL</p> <p>VALIDO HASTA VALID UNTIL</p> <p>FECHA DE LA REVALIDACION DATE OF RENEWAL</p> <p>VALIDO HASTA VALID UNTIL</p>	
<p>FIRMA Y SELLO SIGNATURE AND SEAL</p> <p>FIRMA Y SELLO SIGNATURE AND SEAL</p>		<p>FIRMA Y SELLO SIGNATURE AND SEAL</p> <p>FIRMA Y SELLO SIGNATURE AND SEAL</p>	

REPUBLICA DE COLOMBIA
INMIGRACION
"C/S" CALI

18 JUN 1980

ENTRADA

No. 4 OF INMIGRACION

REPUBLICA DE COLOMBIA
INMIGRACION
"C/S" CALI

18 JUN 1980

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REPUBLICA DE COLOMBIA
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REPUBLICA DE COLOMBIA
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REPUBLICA DE COLOMBIA
INMIGRACION
"C/S" CALI

18 JUN 1980

ENTRADA

No. 4 OF INMIGRACION

VISAS

Leave to enter the United Kingdom, on condition that the holder does not enter or change employment paid or unpaid without the consent of the Secretary of State for Employment, and does not engage in any business or profession without the consent of the Secretary of State for the Home Department, is hereby given for/until

The holder is also required to register at once with the police.

This visa applies, unless superseded, to any subsequent leave the holder may obtain after an absence from the United Kingdom within the period limited as above.

Given leave to enter - Section 3(1)(b)

IMMIGRATION OFFICER
(S) *
-6 FEB 1977
(-)

Any alteration in this passport will render it invalid.

REPUBLICA DE COLOMBIA
INMIGRACION
"C/S" CALI

18 JUN 1980

ENTRADA

No. 4 OF INMIGRACION

REPUBLICA DE COLOMBIA
INMIGRACION
"C/S" CALI

18 JUN 1980

ENTRADA

No. 4 OF INMIGRACION

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VISAS

Leave to remain in the United Kingdom, on condition that the holder does not engage in or change employment paid or unpaid without the consent of the Secretary of State for Employment, and does not engage in any business or profession without the consent of the Secretary of State for the Home Department is hereby given

until 4th November 1978

Kareem Z Z
on behalf of the Secretary of State
Home Office

Date 10th Oct 1978

10th OCT 1978
(500)
IMMIGRATION DEPT

CANCELLED

31 Oct 1978

GIVEN LEAVE TO ENTER THE UNITED KINGDOM FOR SIX MONTHS

IMMIGRATION OFFICER
(70) *
29 OCT 1978
DOVER (W)

MINISTRE GENERAL FRONTIERES
FRONTIERES
- 3 SET 1977
BILBAO
MALAGA

MINISTRE GENERAL FRONTIERES
FRONTIERES
BAJADA
MADRID

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Toda alteración en este pasaporte implica su invalidez.
Any alteration to this passport will render it invalid.

Toda alteración en este pasaporte implica su invalidez.

EXHIBIT C

000348

EXHIBIT D

000350

CERTIFICATION OF VITAL RECORDS

COUNTY OF MARIN

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

188-21-0007718

STATE BIRTH CERTIFICATE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	1A NAME OF CHILD - FIRST PETER	1B MIDDLE ALEXANDER	1C LAST BIOCINI
	2 SEX MALE	3A THIS BIRTH SINGLE TWO CHILD SINGLE	4A DATE OF BIRTH - MONTH DAY YEAR JUNE 14, 1988
PLACE OF BIRTH	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY MARIN GENERAL HOSPITAL	5B STREET ADDRESS (STREET NUMBER OR LOCATION) 250 DON AIR RD.	5C CITY OR TOWN GREENBRAE
	6A NAME OF FATHER - FIRST GEORGE	6B MIDDLE PETER	6C LAST BIOCINI
FATHER OF CHILD	7 STATE OF BIRTH CA	8 AGE OF FATHER 36	
MOTHER OF CHILD	9A NAME OF MOTHER - FIRST ANA	9B MIDDLE BEATRIS	9C LAST (WITH NAME) JARAMILLO
PARENTS CERTIFICATION	10 STATE OF BIRTH COLUMBIA	11 AGE OF MOTHER 33	
ATTENDANT'S CERTIFICATION	12A I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	12B PATIENT OR OTHER INFORMANT - SIGNATURE <i>Ana B Biocini</i>	12C RELATIONSHIP TO CHILD MOTHER
	13A I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE STATED DATE AND PLACE STATED	13B PHYSICIAN OR OTHER ATTENDANT - SIGNATURE OR TITLE <i>Milton N Estes MD</i>	13C LICENSE NUMBER B021975
LOCAL REGISTRAR	14 MILTON N ESTES, MD, 333 MILLER AVE, MILL VALLEY	15 DATE ENTERED ON FILE JUN 21 1988	16 DATE ACCEPTED FOR REGISTRATION JUN 21 1988

CONFIDENTIAL INFORMATION FOR PUBLIC HEALTH USE ONLY

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA - COUNTY OF MARIN

JUL 10 1988



000351

EXHIBIT E

For recovery of State
of New York of course as follows

8. I hereby request all whom it may concern to furnish the same and
national of the United States named herein to pro-
ceed without delay or hindrance and in case of need in
your able help and good protection.

Le Ministre d'Etat
des Finances d'Allemagne

prise par les présentes mêmes autorités compétentes de l'arriver pour
le citoyen ou ressortissant des Etats-Unis, unilatérale du présent par rapport
sans délai ni difficulté et, en cas de besoin, de lui accorder
toute aide et protection légitimes.

Leucob. braccii (H. Thun.)

[illegible]

NOT VALID UNTIL SIGNED

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910CINI

PETER ALEXANDER
Secretary, Laborers

[illegible]

14 JUN 73 JUN 58

ALL CALIFORNIA,

05 DEC 1961

PASSEPORT: 3020.

SUMMARY



PHOTADICINI: PETER ALEXANDER
19750105140543Z0140M0317044

EXHIBIT F

1400 Veterans Blvd.
Redwood City, CA 94063

Kaiser Department of Psychiatry

May 27, 2003

To Whom It May Concern:

Since March 14 of 2002, Peter Biocini has been receiving clinical treatment at Kaiser to target symptoms of depression and anxiety. At this time, Peter meets criteria for Major Depression. Peter's treatment at Kaiser consists of the Depression Class Family Treatment Group in addition to individual and family psychotherapy with Dr. Chase Spangler, Psy.D. Cognitive Behavioral Therapy is utilized to explore and to assess Peter's underlying triggers related to his diagnosis. As a result of Peter learning about Mother's possible time away, he began to present with an increase in depressive symptoms including decreased motivation with school attendance, increase in irritability, themes of being a failure, and passive suicidal ideation. Currently, Peter is attempting to adjust to his familial stressors and to manage his depressive and anxiety based symptoms through individual, group, and family treatment frames. Medication management is continuing to be considered as collateral treatment.

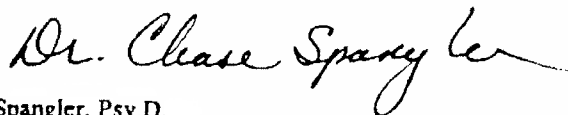
In review of treatment notes, Peter displays generalized anxiety and depressive symptoms including: 1) excessive worrying with much negative self-talk, specific to attending school and thoughts of being "successful" and or "not good enough", 2) feelings of hopelessness increased at times separated by family conflicts and probable transitions, and 3) decreased motivation with a marked decrease in energy level.

In order to assist Peter with the above challenges his home and school environments need to reflect consistent atmospheres where his depressive/anxiety symptoms are recognized, but not responded to with over concern. Peter had much difficulty transitioning to a new school, but with supportive, consistent family was able to moderately adjust to his new setting of peers and teachers. At times, Peter may need supportive, positive encouragement and reassurance regarding his academic efforts related to how he is managing his depression and anxiety.

It is highly recommended that the above treatment structure be maintained with Peter's and Mother's participation in family psychotherapy and Parent-Child group psychotherapy.

If you have any questions and or comments, please contact me by phone at (650) 299-4773. Please leave a detailed message and your contact number.

Sincerely,



Chase Spangler, Psy.D.

1400 Veterans Blvd
Redwood City, CA 94063

Kaiser Department of Psychiatry

September 9, 2003

To Whom It May Concern:

Since March 14 of 2002, Peter Biocini has been receiving clinical treatment at Kaiser to target symptoms of depression and anxiety. Peter meets criteria for Adjustment Disorder with Mixed Features of Anxiety and Depression. Peter's treatment at Kaiser consists of the Depression Class & Family Treatment Group with fall start date of September 1st, 2003 in addition to individual and family psychotherapy with Dr. Chase Spangler, Psy.D.

Cognitive Behavioral Therapy is utilized to explore and reassess Peter's underlying triggers related to pending transitions within his family structure and past trauma. Peter continues to present with depressive and anxious symptoms including decreased motivation with school attendance, increase in irritability, themes of being a failure, and passive suicidal ideation. Although, Peter is attempting to adjust to his familial stressors and to manage his depressive and anxiety-based symptoms through individual, group, and family treatment frames. Medication management provides support in collateral treatment.

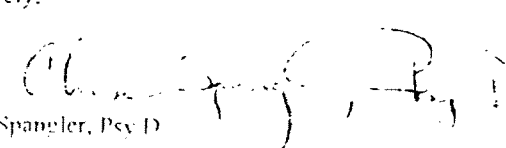
In review of treatment notes, Peter displays generalized anxiety and depressive symptoms including: 1) excessive worrying with much negative self-talk, specifically to attending school and thoughts of being "successful" and/or "not good enough", 2) feeling of hopelessness regarding family conflicts and probable transitions, and 3) decreased motivation with a marked decrease in energy level, and 4) marked increased in irritability/anger re: possibility of having to stay with relatives.

As stated prior, in order to assist Peter with the above challenges his home and school environments need to reflect consistent atmospheres where his depressive/anxiety symptoms are recognized, but not responded to with over concern. Peter had much difficulty transitioning to a new school, but with supportive, consistent family was able to moderately adjust to his new setting of peers and teachers. At times, Peter may need supportive, positive encouragement and re-assurance regarding his academic efforts related to how he is managing his depression and anxiety.

It is highly recommended that the above treatment structure be maintained with Peter's and Mother's participation in family psychotherapy and Parent-Child group psychotherapy.

If you have any questions and/or comments, please contact me by phone at (650) 299-4773. Please leave a detailed message and your contact number.

Sincerely,


Chase Spangler, Psy.D.

Chase Spangler, Psy.D.
1400 Veterans Blvd.
Redwood City, CA 94063

Kaiser Department of Psychiatry

November 14, 2003

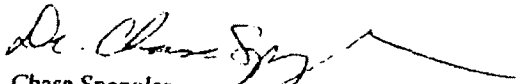
To Whom It May Concern,

I am writing to inform you that Peter Biocini is receiving psychological treatment with Dr. Chase Spangler.

Clinical treatment has targeted anxiety and depression through individual and group treatment modalities. For the past 3 months, Peter has had much difficulty managing his symptoms of depression and anxiety with integrating the possibility of his mother having to be away from him. As a result of this acute stress, Peter has begun to experience (-) triggers, i.e., (intrusive ideation with at times difficulty in sleep and day to day functioning at school) related to a time period in May of 1995 in which his families home was (by report) investigated by the police. Peter experiences symptoms of Acute Stress Disorder, Depression, and Generalized Anxiety Disorder.

At this time, it is highly recommended that Peter and his mother be able to continue in psychotherapy. If you have any questions, comments, or concerns please do not hesitate to call Dr. Spangler at (650)299-4773.

Sincerely,


Dr. Chase Spangler

Chase Spangler, Psy.D.
1400 Veterans Blvd.
Redwood City, CA 94063

.....

Kaiser Department of Psychiatry

August 31, 2004

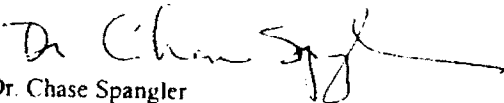
To Whom It May Concern,

I am writing this letter to verify that Peter Biocini is in psychological treatment with Dr. Chase Spangler at Kaiser Permanente, Department of Psychiatry in Redwood City, California. I have seen Peter since April of 2002 and through additional sessions as needed during times of increased anxiety and depression in combination of individual, family, and group therapy.

It is my impression that Peter has both anxiety and depression primarily related to his family dynamics and pending stressors. His symptoms of anxiety include excessive worry at times of increased stress, difficulty sleeping, feeling fearful and hopeless with much nervous energy. His symptoms of depression consist of the lack of energy or motivation to do things, isolation from family and friends at times of increased stress within the family structure, and issues of negative self-esteem/hopelessness. Clinical treatment has targeted psychosocial stressors, academic challenges and management of anxiety and depressive symptoms. As needed with pending stressors, I plan to continue to work with Peter and his family.

If you have any questions, comments, or concerns please do not hesitate to call Dr. Spangler at (650)299-4773.

Sincerely,


Dr. Chase Spangler